

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 33074
Name: Dart Cherokee Basin Operating Co., LLC
Address: P O Box 177
City/State/Zip: Mason MI 48854-0177
Purchaser: Oneok
Operator Contact Person: Beth Oswald
Phone: (517) 244-8716
Contractor: Name: McPherson
License: 5675
Wellsite Geologist: Bill Barks

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Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

<u>10-27-03</u>	<u>10-29-03</u>	<u>11-7-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-25660-00-00
County: Wilson
____ NW ____ NW ____ NW Sec. 31 Twp. 30 S. R. 15 East West
4626' FSL _____ feet from S N (circle one) Line of Section
4622' FEL _____ feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Sycamore Springs Ranch Well #: A1-31
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Penn Coals
Elevation: Ground: 933' Kelly Bushing: _____
Total Depth: 1454' Plug Back Total Depth: 1450'
Amount of Surface Pipe Set and Cemented at 22' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan *ALL 2 W 6.14.04*
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Beth Oswald
Title: Admn & Engr Asst Date: 3-18-04
Subscribed and sworn to before me this 18th day of March, 2004.
Notary Public: Karen L. Welton
Date Commission Expires: _____
*Notary Public, Ingham County, MI
My Comm. Expires Mar. 3, 2007*

KCC Office Use ONLY

____ Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

X

ORIGINAL

Operator Name: Dart Cherokee Basin Operating Co., LLC Lease Name: Sycamore Springs Ranch Well #: A1-31
 Sec. 31 Twp. 30 S. R. 15 East West County: Wilson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: High Resolution Compensated Density Neutron & Dual Induction	Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attached <div style="text-align: center;"> RECEIVED MAR 22 2004 KCC WICHITA </div>
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CASING RECORD							
				New	Used		
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surf	11"	8 5/8"		22'	Class A	4	
Prod	6 3/4"	4 1/2"	10.5#	1450'	50/50 Poz	180	See Attached

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	See Attached		

TUBING RECORD		Size 2 3/8"	Set At 1403'	Packer At NA	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr. 12-22-03		Producing Method Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <input type="checkbox"/>			
Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf 17	Water Bbls. 103	Gas-Oil Ratio NA	Gravity NA

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Sumit ACO-18.) Other (Specify) _____

ORIGINAL

Dart Cherokee Basin Operating Co LLC #33074
Sycamore Spring Ranch A1-31 API #15-205-25660-00-00
NW NW NW Sec 31 T30S-R15E
Attachment to ACO-1 Well Completion Form

Shots Per Foot	Perforation Record	Acid, Fracture, Shot, Cement Squeeze Record	Depth
6	1351'-1352'	300 gal 12% HCl, 30 BBL fl	
6	1312.5'-1313.5'	300 gal 12% HCl, 1615# sd, 205 BBL fl	
6	1160'-1161'	300 gal 12% HCl, 1630# sd, 245 BBL fl	
6	1114.5'-1115.5'	500 gal 10% HCl, 12 bioballs, 3335# sd, 415 BBL fl	
6	1062'-1063'	300 gal 10% HCl, 1630# sd, 235 BBL fl	
6	1041'-1043'	300 gal 10% HCl, 3045# sd, 335 BBL fl	
6	993'-996'	500 gal 10% HCl, 15 bioballs, 6555# sd, 610 BBL fl	
6	874'-875'	300 gal 12% HCl, 1640# sd, 235 BBL fl	

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CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

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MAR 22 2004

KCC WICHITA

ORIGINAL

TICKET NUMBER 23336

LOCATION Bartlesville

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
10-30-03	2368	Sycamore Springs Ranch #1-31		31	30S	15E	Wilson	
CHARGE TO <u>Dart</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5400	1	PUMP CHARGE Production Casing		525.00
1105	2sks	Cottanseed Hulls		25.90
1107	2sks	Flo Seal		15.50
1110	18sks	Gilsonite		349.20
1111	450#	Granulated Salt		112.50
1118	6sks	Premium Gel		10.80
1123	6,500gal	City Water		13.13
4404	1	4 1/2" Rubber Plug		22.00
BLENDING & HANDLING				
5407	min	TON-MILES		190.00
STAND BY TIME				
MILEAGE				
5501	4hrs	WATER TRANSPORTS		320.00
5502	4hrs	VACUUM TRUCKS		300.00
FRAC SAND				
1124	180sks ✓	CEMENT		1161.00
			Wilson Co. 6.3% SALES TAX	119.39

Ravin 2790

ESTIMATED TOTAL 3349.42

CUSTOMER or AGENTS SIGNATURE William Bantz

CIS FOREMAN Tracy Williams

CUSTOMER or AGENT (PLEASE PRINT)

DATE

187430

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

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TICKET NUMBER **30814**
 LOCATION *Bartlesville*
 FOREMAN *Tracy Williams*

TREATMENT REPORT

ORIGINAL

DATE <i>10-30-03</i>	CUSTOMER # <i>2368</i>	WELL NAME <i>SSR A131</i>	FORMATION
SECTION <i>31</i>	TOWNSHIP <i>30S</i>	RANGE <i>15E</i>	COUNTY <i>Wilson</i>
CUSTOMER <i>Dart</i>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

WELL DATA

HOLE SIZE <i>6 3/4</i>	PACKER DEPTH
TOTAL DEPTH <i>1458</i>	PERFORATIONS
SHOTS/FT	
CASING SIZE <i>4 1/2</i>	OPEN HOLE
CASING DEPTH <i>1450</i>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TRUCK #	DRIVER	TRUCK #	DRIVER
<i>289</i>	<i>Kirk</i>		
<i>409</i>	<i>Travis</i>		
<i>403</i>	<i>Tom</i>		
<i>112</i>	<i>Danny</i>		

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB *Ran 2sk of gel, 5bbl water spaces 15bbl mud flush to break circulation. Ran 180sk of 50/50 pozmix with 5% gilsonite, 5% salt, 2% gel, 1/4 #Flu @ 13.5ppg. Shut down & washed up behind plug. Pumped plug to bottom & set flat shoe. Shut in. Circulated 8hr @ 1500 rpm.*

AUTHORIZATION TO PROCEED

TITLE

DATE

William Barks

Slurry to pit.

TIME AM/PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND/STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN.
							MAX RATE
							MIN RATE

197930